

State of California  
 Department of Industrial Relations  
 California Apprenticeship Council  
 P. O. Box 420603  
 San Francisco, CA 94142

## TRAINING FUND CONTRIBUTIONS

### California Apprenticeship Council

Please use a separate **form** for each jobsite, listing the occupations for the jobsite. One **check**, payable to the California Apprenticeship Council, may be submitted for all jobsites and/or occupations. Training fund contributions are **not accepted** by the California Apprenticeship Council for federal public works projects, or for non-apprenticeable occupations such as laborers, utility technicians, teamsters, etc.

NAME AND ADDRESS OF CONTRACTOR/SUBCONTRACTOR MAKING CONTRIBUTION	CONTRACTOR'S LICENSE NUMBER		
	CONTRACT OR PROJECT NUMBER		
	JOBSITE LOCATION (INCLUDE COUNTY) IF APPLICABLE, GIVE NAME OF SCHOOL, HOSPITAL, BUILDING, ETC.		
NAME AND ADDRESS OF PUBLIC AGENCY AWARDING CONTRACT	PERIOD COVERED BY CONTRIBUTION (FROM - TO)		
CLASSIFICATION(S) OF WORKERS (CARPENTER, PLUMBER, ELECTRICIAN, ETC.)	HOURS	CONTRIBUTION RATE PER HOUR	AMOUNT
SIGNATURE	PLEASE TYPE OR PRINT YOUR NAME	DATE	
TITLE		AREA CODE & TELEPHONE NUMBER	